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COMPLIANCE IS MANDATORY

John C. Stennis Space Center Bloodborne Pathogens Control Program

Stennis Common Work Instruction	SCWI-1800-0003	12
	<i>Number</i>	<i>Rev.</i>
	Effective Date:	July 14, 2020
	Review Date:	July 14, 2025
Page 2 of 44		
Responsible Office: RA02/Center Operations Directorate		
SUBJECT: Bloodborne Pathogens Control Program		

Approval/Concurrence

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Document History Log

Status/Change/ Revision	Change Date	Originator/Phone	Description
Basic	9//08	M. Blotzer/x8-2584	Initial release.
1	1/20/09	S. Smith/x8-1392	Added verbiage re: Proper disposal and storage of medical waste to Sections 5.5, 5.6
2	4/30/2010	L. C. Andrews, MD /x8-3813	Significant Revisions throughout; Changed acronym associated with Stennis IH manager; replaced COIHM with NIHM throughout
3	6/17/2011	K.Wright/x8-3263 L. C. Andrews, MD /x8-3813	Significant Revisions throughout; revised Training Requirements
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5	4/4/12	L. C. Andrews, MD /x8-3813	Remove ref to cotton balls, Clarify HBV antibody indications, Correct Cat 2 training interval, Modify Hep B vaccination letter, Add Declination Form
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6	8/30/13	L.C. Andrews, M.D. /x8-3813	Add OSHA References, Expand Category II, Modify 5.3.2, Clarify Hepatitis B Vaccination indications.
6-1	1/22/14	L.C. Andrews, M.D./x8-3813	Revised wording for the relevant portion of 5.10.1
7	8/20/14	L.C. Andrews, M.D./x8-3813	Annual Review. Revise HIV PEP treatment Attachment 4, Chart 3b

Stennis Common Work Instruction	SCWI-1800-0003	12
	<i>Number</i>	<i>Rev.</i>
	Effective Date:	July 14, 2020
	Review Date:	July 14, 2025
Page 3 of 44		
Responsible Office: RA02/Center Operations Directorate		
SUBJECT: Bloodborne Pathogens Control Program		

8	9/10/15	L.C. Andrews, M.D./x8-3813	Annual Review. Clarify dialing of 911 from land line. Clarify use of "household bleach" in 5.6.5
9	04/12/2016	K. Wright X 8-3263	Replaced FOSC with SOC throughout the document
10	09/8/2016	K. Wright/8-3263 M. Pannell/8-2555	Align SCWI with OSHA standard. Administrative changes throughout document. References/acronyms updated. Updated Attachments 1 and 3. Eliminate Categories of risk. Add OSHA components for BBP and ECP. Delete Attachments 6-10.
11	07/12/2017	M. Pannell/8-2555	Incorporate Wellness Center staff as employees with occupational exposure to blood or OPIM in sections 6.2.2, 6.3.2, 6.5.1E, 6.5.2E, 6.5.3E. Update Attachment 1 to reflect SOC Form S3-S-5410-F26, <i>Hepatitis "B" Vaccine Letter and Declination</i> . Update Attachment 3 to reflect SOC Form S3-S-5410-F21, <i>Exposure Incident Report</i> .
12	07/14/2020	M. Pannell Ext. 8-2555	Five-year review. References and formatting updated.

Stennis Common Work Instruction	SCWI-1800-0003	12
	<i>Number</i>	<i>Rev.</i>
	Effective Date:	July 14, 2020
	Review Date:	July 14, 2025
Page 4 of 44		
Responsible Office: RA02/Center Operations Directorate		
SUBJECT: Bloodborne Pathogens Control Program		

TABLE OF CONTENTS

1.0	PURPOSE	6
2.0	APPLICABILITY	6
3.0	REFERENCES AND FORMS.....	6
4.0	RESPONSIBILITIES	8
4.1	NASA/SSC Occupational Health Officer (NOHO)	8
4.2	Stennis Operating Contractor (SOC)	8
4.3	Stennis Operating Contract (SOC) Occupational Health Service	8
4.4	SSC Medical Director	8
4.5	SSC Occupational Health Clinic	8
4.6	NASA/SSC and SSC Contract Employers	9
4.7	NASA/SSC and SSC Contractor Employees	9
5.0	REQUIRED COMPONENTS OF A BLOODBORNE PATHOGENS PROGRAM. 9	
5.1	Required Bloodborne Pathogens Program Components.....	9
5.2	Required Exposure Control Plan Components	11
6.0	CONTROLS	12
6.1	Exposure Control	12
6.2	Employee Occupational Risk	12
6.3	Employee Procedure Risk.....	13
6.4	Training Requirements	14
6.5	Employee Exposure Risk Mitigation	15
	6.5.1 Engineering Controls	16
	6.5.2 Work Practice Controls	17
	6.5.3 Personal Protective Equipment (PPE)	20
6.6	Contaminated Materials Management.....	21
6.7	Disposable Sharps.....	21
6.8	Other Regulated Waste.....	22
6.9	Laundry Procedures.....	22
6.10	Management of Employee Exposure Incident.....	22
	6.10.1 Hepatitis “B” Vaccine	23
	6.10.2 Exposure Incident Reporting, Evaluation, and Follow-Up.....	23
6.11	Communication of Risk Potential to Employees	24
	6.11.1 Identifying Potentially Hazardous Materials	25
	6.11.2 Training on Potentially Hazardous Material	25
7.0	MANAGEMENT OF RECORDS.....	26

Stennis Common Work Instruction	SCWI-1800-0003	12
	<i>Number</i>	<i>Rev.</i>
	Effective Date:	July 14, 2020
	Review Date:	July 14, 2025
Page 5 of 44		
Responsible Office: RA02/Center Operations Directorate		
SUBJECT: Bloodborne Pathogens Control Program		

8.0	DEFINITIONS	28
9.0	ACRONYMS AND ABBREVIATIONS.....	31
Attachment 1:	SOC Form S3-S-5410-F26, Hepatitis “B” Vaccine Letter and Declination Form	32
Attachment 2:	Personal Protective Equipment for Worker Protection Against HIV and HBV Transmission In Pre-Hospital Settings.....	34
Attachment 3:	SOC Form S3-S-5410-F21, Exposure Incident Report.....	35
Attachment 4:	CDC Recommendations: Post Exposure Evaluation HBV, HCV & HIV; Prophylaxis and Resources	37
Attachment 5:	Work Instruction for BCT.....	44

Stennis Common Work Instruction	SCWI-1800-0003	12
	<i>Number</i>	<i>Rev.</i>
	Effective Date:	July 14, 2020
	Review Date:	July 14, 2025
Page 6 of 44		
Responsible Office: RA02/Center Operations Directorate		
SUBJECT: Bloodborne Pathogens Control Program		

1.0 PURPOSE

This Common Work Instruction (CWI) establishes and defines John C. Stennis Space Center (SSC) requirements to minimize or eliminate occupational risk and exposure to blood and other potentially infectious materials (OPIM) in compliance with the requirements of 29 Code of Federal Regulations (CFR) 1910.1030, *Bloodborne Pathogens*, in order to assure the health and safety of the general workforce and employees.

2.0 APPLICABILITY

This plan applies to all National Aeronautics and Space Administration (NASA)/SSC NASA contractor employers with employees that have an occupational exposure to blood or OPIM.

3.0 REFERENCES AND FORMS

29 CFR 1904.29, *Recordkeeping Forms and Recording Criteria*

29 CFR 1904.8, *Recording Criteria for Needlestick and Sharps Injuries*

29 CFR 1910.1030, *Bloodborne Pathogens*

49 CFR 173.134, *Class 6, Division 6.2, Definitions and Exceptions*

CDC Recommendations and Reports, Vol. 54 / No. RR-16, *Morbidity and Mortality Weekly Report (MMWR) Advisory Committee on Immunization Practices (ACIP) Hepatitis B Vaccine Recommendations*

DHHS-CDC, Pub. No. 99-1111, 2008, *Guidelines for Disinfection and Sterilization of Health Care Facilities*

DHHS-CDC-2003, *Guidelines for Environmental Infection Control in Health-Care Facilities - Recommendations of CDC and the Healthcare Infection Control Practices Advisory Committee (HICPAC)*

DHHS-CDC-2004, *CDC Workbook for Designing, Implementing, and Evaluating a Sharps Injury Prevention Program*

MMWR Vol. 38, No. S-6, *Guidelines for Prevention of Transmission of Human Immunodeficiency Virus and Hepatitis B Virus to Health-Care and Public-Safety Workers*, 6/23/1989

MMWR Vol. 50 / No. RR-11, *Updated U.S. Public Health Service Guidelines for the Management of Occupational Exposures to HBV, HCV, and HIV and Recommendations for Post-exposure Prophylaxis*, 6/29/2001

Stennis Common Work Instruction	SCWI-1800-0003	12
	<i>Number</i>	<i>Rev.</i>
	Effective Date:	July 14, 2020
	Review Date:	July 14, 2025
Page 7 of 44		
Responsible Office: RA02/Center Operations Directorate		
SUBJECT: Bloodborne Pathogens Control Program		

MMWR Vol. 51 / RR-16, *Guideline for Hand Hygiene in Health-Care Settings: Recommendations of the Healthcare Infection Control Practices Advisory Committee and the HICPAC/SHEA/APIC/IDSA Hand Hygiene Task Force*, 10/25/2002

MMWR Vol. 54 / No. RR-9, *Updated U.S. Public Health Service Guidelines for the Management of Occupational Exposures to HIV and Recommendations for Postexposure Prophylaxis*, 9/30/2005

MMWR 1987;36 (suppl no. 2S), *CDC Recommendations for Prevention of HIV Transmission in Health-Care Settings*

MMWR 1988;37:377-388, *CDC Update: Universal Precautions for Prevention of Transmission of Human Immunodeficiency Virus, Hepatitis B Virus, and Other Bloodborne Pathogens in Health-Care Settings*

MMWR 1989;38 (S-6); 1-36, *CDC Guidelines for Prevention of Transmission of Human Immunodeficiency Virus and Hepatitis B Virus to Health-Care and Public-Safety Workers*

NPD 1800.2, *NASA Occupational Health Program*

NPR 1800.1, *NASA Occupational Health Program Procedures*

OSHA CPL 02-02-069, paragraph F.8., describes exception to Hepatitis B vaccine requirement

OSHA Standard Interpretation of 1910.1030(f)(2); 1010.1030(f)(1)(II)(D), dated May 16, 2011: describes exception to Hepatitis B vaccine requirement

OSHA Standard Interpretation of 1910.1030; 1910.1030(f)(2); 1960, dated Nov 1, 2000: describes exception to Hepatitis B vaccine requirement

Resource Conservation and Recovery Act (RCRA) Orientation Manual 2006

SPR 8715.1, *Safety and Health Program Requirements*

SWI-8838-0004, *Hazardous Material Incident Response Plan*

FORMS:

SOC Form S3-S-5410-F21, *Exposure Incident Report* (see Attachment 3)

SOC Form S3-S-5410-F26, *Hepatitis "B" Vaccine Letter and Declination Form* (see Attachment 1)

Stennis Common Work Instruction	SCWI-1800-0003	12
	<i>Number</i>	<i>Rev.</i>
	Effective Date:	July 14, 2020
	Review Date:	July 14, 2025
Page 8 of 44		
Responsible Office: RA02/Center Operations Directorate		
SUBJECT: Bloodborne Pathogens Control Program		

4.0 RESPONSIBILITIES

4.1 NASA/SSC Occupational Health Officer (NOHO)

The NASA/SSC Occupational Health Officer has overall responsibility for this instruction.

4.2 Stennis Operating Contractor (SOC)

The Stennis Operating Contractor shall:

1. Provide support to the NOHO in the implementation of this work instruction.
2. Periodically review this work instruction for compliance with Occupational Safety and Health Administration (OSHA) and NASA standards.

4.3 Stennis Operating Contract (SOC) Occupational Health Service

Provides support to the NOHO by developing, implementing, and maintaining the SSC Bloodborne Pathogen (BBP) Exposure Control Plan (ECP) as required in 29 CFR 1910.1030(c)(1).

4.4 SSC Medical Director

The SSC Medical Director:

1. Shall annually review and evaluate the requirements of 29 CFR 1910.1030, to include the Exposure Control Plan and Exposure Determination.
2. Shall solicit input from non-managerial employees responsible for direct patient care who are potentially exposed to injuries from contaminated sharps in the identification, evaluation, and selection of effective engineering and work practice controls; and shall document the solicitation in the Exposure Control Plan.
3. Shall assist in training and awareness education for all NASA/SSC and SSC contractor employees with occupational exposure to blood or OPIM, identify training material appropriate for the various levels of occupational exposure, and provide the Healthcare Professional Written Opinion pursuant to 29 CFR 1910.1030(f)(5).

4.5 SSC Occupational Health Clinic

SSC Clinic will evaluate employees involved in all incidents with exposure to human blood or OPIM, annually evaluate and document consideration and implementation of appropriate commercially available medical devices designed to eliminate or minimize occupational exposure, and provide the following services pursuant to 29 CFR 1910.1030(f):

1. Administer Hepatitis B Vaccinations (HBV);
2. Maintain a record of declination when an employee declines Hepatitis B vaccination and update declination annually;
3. Provide BBP training to occupationally exposed employees;
3. Provide post exposure evaluation and follow-up;
4. Maintain the Sharps Injury Log as required by 29 CFR 1910.1030(h)(5); and
5. Maintain all medical records for employees with occupational exposure.

Stennis Common Work Instruction	SCWI-1800-0003	12
	<i>Number</i>	<i>Rev.</i>
	Effective Date:	July 14, 2020
	Review Date:	July 14, 2025
Page 9 of 44		
Responsible Office: RA02/Center Operations Directorate		
SUBJECT: Bloodborne Pathogens Control Program		

4.6 NASA and NASA Contract Employers

Each employer who has a(n) employee(s) with occupational exposure to blood or OPIM shall prepare a written exposure control plan designed to eliminate or minimize employee exposure. Occupational Exposure is defined in the OSHA BBP standard as reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or OPIMs that may result from the performance of an employee's duties. Under circumstances in which differentiation between body fluid types is difficult or impossible, all body fluids shall be considered potentially infectious materials. The employer must notify the SSC Medical Director of employees with occupational exposure risk and comply with guidelines in this document.

Each NASA and NASA Contractor with housekeeping/janitorial staff will identify a minimum of three (3) of those staff for a Blood Contaminant Housekeeping Team (BCT). The appointed BCT members will receive BBP training at the SSC Medical Clinic as employees with occupational exposure to blood or OPIM.

4.7 NASA and NASA Contractor Employees

All NASA/SSC and SSC contractor employees shall be responsible for observing Universal Precautions as required by 29 CFR 1910.1030(d)(1) and this Stennis Common Work Instruction (SCWI).

Each NASA/SSC or SSC contractor employee shall report any incident involving exposure or possible exposure to human blood or OPIM to his/her supervisor at the time of the incident. Employees will wash hands and any other potentially exposed skin with soap and water and flush mucous membranes with water immediately, or as soon as feasible, following contact of such body areas with blood or OPIM.

Employees, upon identifying blood or OPIM shall immediately contact the housekeeping/janitorial staff. The housekeeping/janitorial staff shall initiate procedures to activate the BCT.

5.0 REQUIRED COMPONENTS OF A BLOODBORNE PATHOGENS PROGRAM

5.1 Required Bloodborne Pathogens Program Components

All of the requirements of OSHA's Bloodborne Pathogens standard can be found in 29 CFR 1910.1030. The standard's requirements state what employers must do to protect workers who are occupationally exposed to blood or OPIMs, as defined in the standard. In general, the standard requires employers to:

- Establish an exposure control plan. This is a written plan to eliminate or minimize occupational exposures. The employer must prepare an exposure determination that contains a list of job classifications in which all workers have occupational exposure and a list of job classifications in which some workers have occupational exposure, along with a list of the tasks and procedures performed by those workers that result in their exposure. The Exposure Control Plan shall comply with 29CFR1910.1030(c)(1).

Stennis Common Work Instruction	SCWI-1800-0003	12
	<i>Number</i>	<i>Rev.</i>
	Effective Date:	July 14, 2020
	Review Date:	July 14, 2025
Page 10 of 44		
Responsible Office: RA02/Center Operations Directorate		
SUBJECT: Bloodborne Pathogens Control Program		

- Employers must update the plan annually to reflect changes in tasks, procedures, and positions that affect occupational exposure, and also technological changes that eliminate or reduce occupational exposure. In addition, employers must annually document in the plan that they have considered and begun using appropriate, commercially-available, effective, safer medical devices designed to eliminate or minimize occupational exposure. Employers must also document that they have solicited input from frontline workers in identifying, evaluating, and selecting effective engineering and work practice controls.
- Implement the use of universal precautions (treating all human blood and OPIM as if known to be infectious for bloodborne pathogens).
- Identify and use engineering controls. These are devices that isolate or remove the bloodborne pathogens hazard from the workplace. They include sharps disposal containers, self-sheathing needles, and safer medical devices, such as sharps with engineered sharps-injury protection and needleless systems.
- Identify and ensure the use of work practice controls. These are practices that reduce the possibility of exposure by changing the way a task is performed, such as appropriate practices for handling and disposing of contaminated sharps, handling specimens, handling laundry, and cleaning contaminated surfaces and items.
- Provide personal protective equipment (PPE), such as gloves, gowns, eye protection, and masks. Employers must clean, repair, and replace this equipment as needed. Provision, maintenance, repair and replacement are at no cost to the worker.
- Make available hepatitis B vaccinations to all workers with occupational exposure. This vaccination must be offered after the worker has received the required bloodborne pathogens training and within ten (10) days of initial assignment to a job with occupational exposure.
- Make available post-exposure evaluation and follow-up to any occupationally exposed worker who experiences an exposure incident. An exposure incident is a specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or OPIM. This evaluation and follow-up must be at no cost to the worker and includes documenting the route(s) of exposure and the circumstances under which the exposure incident occurred; identifying and testing the source individual for Hepatitis B Virus (HBV) and Human Immunodeficiency Virus (HIV) infectivity, if the source individual consents or the law does not require consent; collecting and testing the exposed worker's blood, if the worker consents; offering post-exposure prophylaxis; offering counseling; and evaluating reported illnesses. The healthcare professional will provide a limited written opinion to the employer and all diagnoses must remain confidential.
- Use labels and signs to communicate hazards. Warning labels must be affixed to containers of regulated waste; containers of contaminated reusable sharps; refrigerators and freezers containing blood or OPIM; other containers used to store, transport, or ship blood or OPIM; contaminated equipment that is being shipped or serviced; and bags or containers of contaminated laundry, except as provided in the standard. Facilities may use red bags or red containers instead of labels. In HIV and HBV research laboratories and production facilities, signs must be posted at all access doors when OPIM or infected animals are present in the work area or containment module.

Stennis Common Work Instruction	SCWI-1800-0003	12
	<i>Number</i>	<i>Rev.</i>
	Effective Date:	July 14, 2020
	Review Date:	July 14, 2025
Page 11 of 44		
Responsible Office: RA02/Center Operations Directorate		
SUBJECT: Bloodborne Pathogens Control Program		

- Provide information and training to workers. Employers must ensure that their workers receive regular training that covers all elements of the standard including, but not limited to: information on bloodborne pathogens and diseases, methods used to control occupational exposure, hepatitis B vaccine, and medical evaluation and post-exposure follow-up procedures. Employers must offer this training on initial assignment, at least annually thereafter, and when new or modified tasks or procedures affect a worker's occupational exposure. Also, HIV and HBV laboratory and production facility workers must receive specialized initial training, in addition to the training provided to all workers with occupational exposure. Workers must have the opportunity to ask the trainer questions. Also, training must be presented at an educational level and in a language that workers understand.
- Maintain worker medical and training records. The employer also must maintain a sharps injury log, unless it is exempt under 29CFR1904, *Recording and Reporting Occupational Injuries and Illnesses*.

5.2 Required Exposure Control Plan Components

The foundation to a successful Bloodborne Pathogens Program is the Exposure Control Plan (ECP). The minimum requirements for the ECP are: Each employer having an employee(s) with occupational exposure shall establish a written ECP designed to eliminate or minimize employee exposure. The ECP shall contain at least the following elements:

1. An exposure determination complying with the following:
 - a. A list of all job classifications in which all employees in those job classifications have occupational exposure;
 - b. A list of job classifications in which some employees have occupational exposure;
 - c. A list of all tasks and procedures or groups of closely related tasks and procedures in which occupational exposure occurs and that are performed by employees in job classifications listed in in subparagraph b above; and,
 - d. The exposure determination shall be made without regard to the use of PPE.
2. The schedule and method of implementation for Methods of Compliance, HIV and HBV Research Laboratories and Production Facilities, Hepatitis B Vaccination and Post-Exposure Evaluation and Follow-up, Communication of Hazards to Employees, and Recordkeeping
3. The procedure for the evaluation of circumstances surrounding exposure incidents.
4. Each employer shall ensure that a copy of the ECP is accessible to employees.
5. The ECP shall be reviewed and updated at least annually and whenever necessary to reflect new or modified tasks and procedures which affect occupational exposure and to reflect new or revised employee positions with occupational exposure. The review and update of such plans shall also:
 - a. Reflect changes in technology that eliminate or reduce exposure to bloodborne pathogens; and

Stennis Common Work Instruction	SCWI-1800-0003	12
	<i>Number</i>	<i>Rev.</i>
	Effective Date:	July 14, 2020
	Review Date:	July 14, 2025
Page 12 of 44		
Responsible Office: RA02/Center Operations Directorate		
SUBJECT: Bloodborne Pathogens Control Program		

- b. Document annually consideration and implementation of appropriate commercially available and effective safer medical devices designed to eliminate or minimize occupational exposure.
- 6. An employer who is required to establish an ECP:
 - a. Shall solicit input from non-managerial employees responsible for direct patient care who are potentially exposed to injuries from contaminated sharps in the identification, evaluation, and selection of effective engineering and work practice controls; and,
 - b. Shall document the solicitation in the ECP.

6.0 CONTROLS

6.1 Exposure Control

By the nature of some work, SSC has employees with occupational exposure to BBPs as defined by 29 CFR 1910.1030. This BBPs Exposure Control Program is designed to eliminate or minimize employee exposure to BBPs through a combination of engineering and work practice controls, personal protective clothing and equipment, medical surveillance, Hepatitis B vaccination, signs, labels, and training. This policy identifies employees potentially at risk for occupational exposure by occupation, identifies tasks related to that occupation, and then outlines specific procedures to reduce the risk of an exposure incident for all SSC employees.

Because of the imperative need to prevent the spread of bloodborne disease, this policy will be available for all employees to review and will be reviewed annually to determine the need for changes to the categories of employees at risk. These annual reviews will also consider and implement new equipment and procedures that can reduce the risk for employees to an exposure incident.

6.2 Employee Occupational Risk

Employers with employees with an occupational exposure to blood or OPIM shall have duties, procedures, control measures, and medical follow-up specified in their respective ECP. Occupations with occupational exposure to blood and/or OPIM and duties that may be performed include:

1. Occupational Health Clinic
 - a. Inoculations
 - b. Venous access for blood collection administration of intravenous fluids and percutaneous medications
 - c. Care of wounds or foreign body removal
 - d. Cardio-pulmonary resuscitation
 - e. Tracheal intubation
2. Ambulance/Fire Service
 - a. Emergency first-aid procedures
 - b. Handling and treatment of injured personnel

Stennis Common Work Instruction	SCWI-1800-0003	12
	<i>Number</i>	<i>Rev.</i>
	Effective Date:	July 14, 2020
	Review Date:	July 14, 2025
Page 13 of 44		
Responsible Office: RA02/Center Operations Directorate		
SUBJECT: Bloodborne Pathogens Control Program		

- c. Cardio-pulmonary resuscitation
 - d. Clean up of blood at site of treatment of injured personnel
- 3. Security Force Personnel
 - a. Emergency first-aid procedures
 - b. Cardio-pulmonary resuscitation
 - c. General police procedures
- 4. BCT Team
 - Clean up of blood and OPIM
- 5. Wellness Center Staff
 - Clean up of blood and OPIM

Note: First-Aid/CPR is performed by Fire/Emergency Medical Technicians (EMTs), Security Officers, Occupational Health Clinic Staff, Wellness Center Staff, and/or Automated External Defibrillator (AED) Program Volunteers. There are currently no other First-Aid/CPR providing personnel on site. In the event additional, designated first-aid responders become necessary, they shall become subject to the provisions of this Bloodborne Pathogens Control Program.

6.3 Employee Procedure Risk

In the event of an unexpected, unplanned exposure to blood or OPIM, employees NOT identified as having an occupational exposure to blood or OPIM shall comply with the following measures to minimize the risk of a potential infection.

6.3.1 Procedures

- Report all incidents involving exposure or possible exposure to potentially infectious materials to supervisor at time of incident.
- Immediately report to the SSC Health Clinic.
- Wash hands and any other exposed skin with soap and water as soon as feasible.
- If exposure occurred after regular work hours, on a weekend or a holiday, call the emergency ambulance service by dialing 911 from a land line or 228-688-3636 by cellular telephone for appropriate first-aid and decontamination, and possible referral to a local emergency room. Report to the SSC Health Clinic immediately upon reporting to work on the next regular workday.
- Exposed employees will be offered blood collection and/or testing for HBV, Hepatitis C Virus (HCV), and HIV, with the right to refuse any or all. If the exposed employee gives consent for blood collection but not for HIV testing, the blood is kept for ninety (90) days, during which the employee can choose to have the sample tested.
- Appropriate post-exposure prophylaxis and follow-up evaluation shall be offered as recommended by current CDC guidelines.
- All exposed employees will be offered the HPV. (See 6.3.3 below.)

Stennis Common Work Instruction	SCWI-1800-0003	12
	<i>Number</i>	<i>Rev.</i>
	Effective Date:	July 14, 2020
	Review Date:	July 14, 2025
Page 14 of 44		
Responsible Office: RA02/Center Operations Directorate		
SUBJECT: Bloodborne Pathogens Control Program		

- A Healthcare Professional's Written Opinion that the exposed employee has been informed of the results of the evaluation and any exposure-related condition which requires further evaluation and treatment, whether Hepatitis vaccine is indicated for the employee and if the employee received such a vaccination. All other findings or diagnoses shall remain confidential and shall not be included in the written report. A copy of the written opinion will be provided to the employer and made available to the employee within fifteen (15) days of the completion of the evaluation. (See CFR1910.1030(f)(5)).

6.3.2 Training

SSC Health Clinic will ensure that information allowing clear identification of the presence and risk of contaminated material will be communicated to all employees.

6.3.3 Hepatitis Vaccine

Offered if not previously immunized. Strong effort will be made to begin the vaccine within twenty-four (24) hours of exposure when appropriate. Serologic testing may be offered in appropriate cases.

6.4 Training Requirements

Employees with occupational exposure and their supervisors require initial and annual retraining via completion of a proctored BBP course. Training for affected personnel shall occur within ten (10) days of assignment to tasks where occupational exposure may take place or within fifteen (15) days of hire for affected managers.

Additional training, which may be limited to addressing new exposures, shall be provided when changes such as modification of tasks or procedures or institution of new tasks or procedures affect the employee's occupational exposure.

Training for employees with occupational exposure shall include the elements below and shall be proctored so that employees have an interactive opportunity to obtain answers to questions. This training is provided on an as-needed basis at the SSC Medical Clinic. Material appropriate in content and vocabulary to the educational level, literacy, and language of employees shall be used. BBP training shall comply with 29CFR1910.1030(g)(2).

The training program shall contain at a minimum the following elements in accordance with 29 CFR 1910.1030(g)(2)(vii):

- A general explanation of the epidemiology and symptoms of bloodborne diseases.
- An explanation of the modes of transmission of BBPs.
- An explanation of the employer's ECP, and the means by which the employee can obtain a copy of the written plan.
- An explanation of the appropriate methods for recognizing tasks and other activities that may involve exposure to blood and OPIMs.

Stennis Common Work Instruction	SCWI-1800-0003	12
	<i>Number</i>	<i>Rev.</i>
	Effective Date:	July 14, 2020
	Review Date:	July 14, 2025
Page 15 of 44		
Responsible Office: RA02/Center Operations Directorate		
SUBJECT: Bloodborne Pathogens Control Program		

- An explanation of the use and limitations of methods that will prevent or reduce exposure including appropriate engineering controls, work practices, and PPE.
- Information on the types, proper use, location, removal, handling, decontamination and disposal of PPE.
- An explanation of the basis for selection of PPE.
- Information on the Hepatitis B vaccine, including information on its efficacy, safety, method of administration, the benefits of being vaccinated, and that the vaccine and vaccination will be offered free of charge (see 5.10.1).
- Information on the appropriate actions to take and persons to contact in an emergency involving blood or OPIMs.
- An explanation of the procedure to follow if an exposure incident occurs, including the method of reporting the incident and the medical follow-up that will be made available.
- Information on the post-exposure evaluation and follow-up that the employer is required to provide for the employee following an exposure incident.
- An explanation of biohazard signs and labels and/or color coding as required by 29CFR 1910.1030(g)(1)
- An opportunity for interactive questions and answers with the person conducting the training session.
- Participants will be provided in addition to an explanation of their contents:
 - a. An accessible copy of site-wide BBPs Control Program
 - b. An accessible copy of the 29 CFR 1910.1030 document

Any employee may discuss questions about BBP training materials and other relevant concerns with the SSC Medical Director or his designated agent by calling the Clinic at 8-3810.

Documentation of course completion shall be maintained at the SSC Medical Clinic.

A record of need for training or annual retraining shall be maintained by the SOC Safety or appropriate representative of each contractor or entity, and that representative shall be responsible for scheduling training or annual retraining for his/her company's employees.

For employees without occupational exposure that may have a desire for a greater awareness of bloodborne pathogens, there is an on-line course OCC-001-07) offered in the System for Administration, Training, and Educational Resources for NASA (SATERN).

6.5 Employee Exposure Risk Mitigation

Universal Precautions shall be observed to prevent contact with blood or OPIM. The term "Universal Precautions" refers to a concept of bloodborne disease control, which requires human blood and OPIM be treated as if it is known to be infectious for HIV, HBV, HCV, or other BBPs regardless of the perceived "low risk" of a patient or patient population. Adherence to safe work practices and appropriate use of PPE are essential basic elements of implementation.

Stennis Common Work Instruction	SCWI-1800-0003	12
	<i>Number</i>	<i>Rev.</i>
	Effective Date:	July 14, 2020
	Review Date:	July 14, 2025
Page 16 of 44		
Responsible Office: RA02/Center Operations Directorate		
SUBJECT: Bloodborne Pathogens Control Program		

Safe practices shall be a component of the ECP and shall include, at a minimum, hand hygiene. Hand washing facilities shall be available for all effected staff. When provision of handwashing facilities is not feasible, the employer shall provide either an appropriate antiseptic hand cleanser in conjunction with clean cloth/paper towels or antiseptic towelettes. When antiseptic hand cleansers or towelettes are used, hands shall be washed with soap and running water as soon as feasible. [1910.1030(d)(2)(iv)] Safe work practices also includes the use of leak proof, puncture resistant sharps containers.

PPE shall also be a component of the ECP and provide adequate protection for occupationally exposed personnel. The employer is responsible for providing appropriate PPE and training.

6.5.1 Engineering Controls

Specific engineering controls shall be determined through the preparation of the ECP. However, there are minimum engineering controls that following Engineering Controls shall be implemented at SSC:

A. General Building Areas

- Disposable plastic bag liners shall be provided for all open restroom waste receptacles.
- Waste receptacles in bathrooms shall be leak-proof containers.
- Puncture resistant/leak-proof containers shall be provided upon request by the Occupational Health Clinic for use by individuals who require self-administered injectable medication, such as insulin.

B. Health Clinic

- Hand washing facilities are available for staff use at the following locations:
 1. Laboratory
 2. Emergency room
 3. Drug/immunization room
 4. Exam/treatment rooms
- Sink, soap dispenser, and paper towels shall be in each patient exam or treatment room.
- Disposable examination equipment shall include otoscope speculums, exam gloves, and tongue blades.
- Impervious countertops are to be installed in patient care areas.
- Clean linen collection shall be separated from used/soiled linen collection.
- Designated laundry hampers shall be designated for used/soiled linen collection where blood or OPIM may be present.

Stennis Common Work Instruction	SCWI-1800-0003	12
	<i>Number</i>	<i>Rev.</i>
	Effective Date:	July 14, 2020
	Review Date:	July 14, 2025
Page 17 of 44		
Responsible Office: RA02/Center Operations Directorate		
SUBJECT: Bloodborne Pathogens Control Program		

- Leak-proof, puncture-resistant sharps containers with appropriate labels or color-coding shall be available at the following sites:
 1. Laboratory
 2. Drug/immunization room
 3. Emergency room
- All reusable disposal containers shall be provided with disposable plastic liner bags to permit removal and transport of waste without risk to the person emptying them.
- Closable, leak-proof secondary containers with the appropriate color-coding or labeling shall be available in the event that the sharps containers appear to be leaking or the outside of the containers become contaminated.

C. Fire/EMT

- Leak-proof, puncture-resistant sharps containers with appropriate labels or color-coding shall be available at the following sites:
 1. Fire Station
 2. Ambulance

D. Security Officers

Hand washing facilities shall be available for staff in the security office.

E. Wellness Center Staffs

Hand washing facilities shall be available for staff at the Wellness Center.

6.5.2 Work Practice Controls

To implement the concepts of Universal Precautions to blood and OPIM to which “Universal Precautions” apply, the following Work Practice Controls shall be implemented at SSC:

A. General Building Areas

1. Employees shall notify supervisor of the presence of any potentially infective material as soon as possible after it has been recognized.
2. Employees will wash hands and any other exposed skin with soap and water, and flush exposed mucous membranes with water immediately, or as soon as feasible, following contact of such body areas with blood or OPIM.
3. Employees who become aware of blood or OPIM shall contact the BCT for assistance.
4. SOC BCT, upon notification, will remove potentially infectious material using accepted janitorial practices while wearing appropriate PPE.

Stennis Common Work Instruction	SCWI-1800-0003	12
	<i>Number</i>	<i>Rev.</i>
	Effective Date:	July 14, 2020
	Review Date:	July 14, 2025
Page 18 of 44		
Responsible Office: RA02/Center Operations Directorate		
SUBJECT: Bloodborne Pathogens Control Program		

5. Employees who require self-administered injectable medication, such as insulin, shall dispose of personal syringes in approved puncture and leak-proof containers provided by the Occupational Health Clinic. Such employees shall apprise the Clinic of their condition, their need for containers, and arrange timely return of such containers for approved disposal with the Occupational Health Clinic generated medical waste.

B. Health Clinic

1. Hand washing shall be performed immediately, or as soon as feasible, after any interpersonal contact and after removal of gloves or other PPE.
2. Re-capping of sharps and bending or breaking of needles is prohibited.
3. After use, all sharps shall be placed in appropriate puncture-and-leak-proof receptacles for disposal. The equipment/containers shall meet the requirements as outlined in the OSHA Regulations for Engineering Controls.
4. Contaminated materials used in conjunction with phlebotomies shall be disposed of immediately by the nurse, physician, or medical technologist into a prescribed leak-proof hazardous waste receptacle.
5. Disposable gloves should be used by all nurses and medical technologists when administering injections, including immunizations or medications, performing phlebotomies, or when handling any material that may be contaminated by blood or OPIM.
6. All contaminated gloves shall be disposed of immediately by the person performing the exam or test into a separate, approved, and labeled hazardous waste receptacle.
7. All gloves, tongue blades, thermometer sheaths, disposable specula, disposable probes, or swabs used for collection of specimens such as cervical smears, etc., shall be disposed of immediately by the person performing the exam or test into a separate, approved, and labeled hazardous waste receptacle. This applies to all treatment rooms, examination rooms, emergency rooms, and the laboratory.
8. Eating, drinking, smoking, applying cosmetics, and handling contact lenses is prohibited in work areas where there is any risk of occupational exposure; specifically any place where specimens are collected or stored, biologicals are administered or stored, or where any type of medical waste is stored.
9. Storage of food and drink shall be prohibited in places where any potentially infectious materials are kept. This applies to refrigerators, freezers, shelves, cabinets, countertops, benchtops, and other work surfaces.
10. Equipment that may become contaminated is inspected after each use for blood or OPIM and decontaminated.

Stennis Common Work Instruction	SCWI-1800-0003	12
	<i>Number</i>	<i>Rev.</i>
	Effective Date:	July 14, 2020
	Review Date:	July 14, 2025
Page 19 of 44		
Responsible Office: RA02/Center Operations Directorate		
SUBJECT: Bloodborne Pathogens Control Program		

11. Equipment shall be inspected before it is repaired or shipped, and decontaminated if necessary. If the equipment cannot be decontaminated before repair or shipment, staff shall label the site(s) of contamination clearly and package it in a leak-proof container with proper biohazard labels outside of the package.
12. Specimens of blood or OPIM are kept in leak-proof containers during collection, handling, and storage. Vacutainer tubes are disposed of in the same manner as sharps. Packages that contain blood or OPIM are shipped in leak-proof containers. A biohazard label is affixed to the outside of the package.

C. Fire/EMT

1. SSC Fire/EMT employees shall have available antiseptic hand cleanser in conjunction with clean cloth/paper towels or antiseptic towelettes at the site of possible exposure to blood or other potentially infective material. When antiseptic hand cleansers or towelettes are used, hands shall be washed with soap and running water as soon as feasible.
2. Hand washing shall be performed immediately, or as soon as feasible, after any interpersonal contact and after removal of gloves or other PPE.
3. Wound dressings or Band-Aids shall be disposed of immediately by Fire/EMT personnel directly into a prescribed leak-proof hazardous waste receptacle.
4. Disposable gloves shall be used by all Fire/EMT personnel when handling any dressings contaminated by blood or OPIM.
5. Equipment that may become contaminated shall be inspected after each use for blood or OPIM, and decontaminated as necessary.
6. EMT personnel shall clean up obvious blood noted at the site of injury in a stable patient if time permits, and they shall contact SOC BCT via the housekeeping supervisor as soon as possible to clean the scene.
7. Equipment shall be inspected before it is repaired or shipped, and decontaminated if necessary. If the equipment cannot be decontaminated before repair or shipment, staff shall label the site(s) of contamination clearly and package the equipment in a leak-proof container with proper biohazard labels on the outside of the package.

D. Security Officers

1. SSC Security employees shall have available antiseptic hand cleanser in conjunction with clean cloth/paper towels or antiseptic towelettes at the site of possible exposure to blood or other potentially infective material. When antiseptic hand cleansers or towelettes are used, hands shall be washed with soap and running water as soon as feasible.
2. Hand washing shall be performed immediately, or as soon as feasible, after any interpersonal contact and after removal of gloves or other PPE.

Stennis Common Work Instruction	SCWI-1800-0003	12
	<i>Number</i>	<i>Rev.</i>
	Effective Date:	July 14, 2020
	Review Date:	July 14, 2025
Page 20 of 44		
Responsible Office: RA02/Center Operations Directorate		
SUBJECT: Bloodborne Pathogens Control Program		

E. Wellness Center Staff

1. SSC Wellness Center employees shall have available antiseptic hand cleanser in conjunction with clean cloth/paper towels or antiseptic towelettes at the site of possible exposure to blood or other potentially infective material. When antiseptic hand cleansers or towelettes are used, hands shall be washed with soap and running water as soon as feasible.
2. Hand washing shall be performed immediately, or as soon as feasible, after any interpersonal contact and after removal of gloves or other PPE.

6.5.3 Personal Protective Equipment (PPE)

Despite engineering and work practice controls to prevent BBP exposure, certain procedures overcome the protections provided by those controls. In those cases, NASA and SSC employers shall provide PPE to employees. PPE use is valuable in the prevention of infection transmission, including transmission of viruses such as HBV, HCV, and HIV.

Guidelines for the use of PPE based on activity and situation, regardless of employee job category, are outlined in Attachment 2. The appropriate PPE must be worn by employees engaging in activities at risk for occupational exposure. Should the employee temporarily decline to use PPE for a particular duty, the circumstances shall be investigated and documented in order to determine whether changes can be instituted to prevent such occurrences in the future.

The SSC employer shall ensure that the appropriate PPE to prevent an exposure incident is available. Specific examples of equipment based on employee work area include:

A. Health Clinic Personnel

PPE in the laboratory, drug/immunization room, emergency room, and examination rooms will consist of the following:

1. Disposable gloves – Hypo-allergenic if required
2. Face protection – Protective eye wear, masks

B. Ambulance/Fire Department

1. Protective coveralls – Impervious to wetting through
2. Disposable gloves – Hypo-allergenic if required
3. Face protection – Face shields, masks

Stennis Common Work Instruction	SCWI-1800-0003	12
	<i>Number</i>	<i>Rev.</i>
	Effective Date:	July 14, 2020
	Review Date:	July 14, 2025
Page 21 of 44		
Responsible Office: RA02/Center Operations Directorate		
SUBJECT: Bloodborne Pathogens Control Program		

C. Security Force

1. Disposable gloves – Hypo-allergenic if required
2. Face protection – Masks, shields
3. Puncture Resistant Glove as necessary

D. BBP Contaminant Housekeeping Teams

PPE to be taken to contaminated site:

1. Disposable gloves – Hypo-allergenic if required
2. Face protection – Masks, shields as necessary

E. Wellness Center Staff

PPE to be taken to contaminated site:

1. Disposable gloves – Hypo-allergenic if required
2. Face protection – Masks, shields as necessary

6.6 Contaminated Materials Management

Regulatory requirements for housekeeping and handling regulated waste are detailed in 29CFR1910.1030(d)(4).

Health Clinic, Ambulance/EMT/Fire Department, and Security personnel shall be responsible for ensuring that their specialized equipment, vehicles, and work surfaces are cleaned with appropriate disinfectant for decontamination immediately after spills and at end of each work shift.

Clean-up of spaces and equipment contaminated with blood or OPIM in areas not covered by Health Clinic, Ambulance/EMT/Fire Department, or Security personnel shall be the responsibility of the SOC BCT who are trained to decontaminate such environments when called. BCT will follow accepted procedures using approved disinfectant solutions at approved concentrations to eliminate BBPs.

Reusable sharps that are contaminated with blood or OPIM shall be stored and processed in a way that does not require employees to reach, by hand, into the containers where these sharps have been placed.

6.7 Disposable Sharps

Contaminated sharps shall be discarded immediately or as soon as feasible in containers that are closable, puncture resistant, leak-proof, and labeled or color-coded.

Stennis Common Work Instruction	SCWI-1800-0003	12
	<i>Number</i>	<i>Rev.</i>
	Effective Date:	July 14, 2020
	Review Date:	July 14, 2025
Page 22 of 44		
Responsible Office: RA02/Center Operations Directorate		
SUBJECT: Bloodborne Pathogens Control Program		

The containers shall be maintained upright throughout use, replaced routinely, and are not allowed to be overfilled.

When moving containers of contaminated sharps from the area of use, the containers shall be closed prior to removal or replacement to prevent spillage or protrusion of contents during handling, storage, transport, or shipping.

The container shall be placed in a secondary container if leakage of the primary container is possible.

The second container shall be covered and constructed to contain all contents and prevent leakage of fluids during handling, storage, transport, or shipping. The second container will be labeled or color-coded to identify its contents. Reusable containers shall not be opened, emptied, or cleaned manually or in any other manner that would expose employees to the risk of percutaneous injury.

6.8 Other Regulated Waste

Other regulated waste will be placed in containers that are closable, constructed to contain contents, and prevent leakage of fluids during handling, storage, and transportation or shipping.

Closable, leak-proof, puncture-proof secondary containers with the appropriate color-coding or labeling shall be available in the event that the primary containers appear to be leaking.

6.9 Laundry Procedures

SSC Clinic laundry contaminated with blood or OPIM shall be handled as little as possible. Such laundry shall be placed in appropriately marked bags (biohazard labeled or color-coded red bag) at the location where it was used in a leak proof bag. Such laundry will not be sorted or rinsed in the area of use.

Potentially contaminated laundry at the SSC Clinic will be cleaned offsite by a professional laundry capable of handling blood and OPIM contaminated materials.

Protective gloves shall be used by all workers who have contact with contaminated laundry. Other protective equipment shall be made available as required.

6.10 Management of Employee Exposure Incident

Despite all the precautions outlined above, the possibility remains that an exposure incident may occur. To mitigate the consequences of an exposure incident on an employee, the following disease prevention procedures shall be implemented at SSC:

Stennis Common Work Instruction	SCWI-1800-0003	12
	<i>Number</i>	<i>Rev.</i>
	Effective Date:	July 14, 2020
	Review Date:	July 14, 2025
Page 23 of 44		
Responsible Office: RA02/Center Operations Directorate		
SUBJECT: Bloodborne Pathogens Control Program		

6.10.1 Hepatitis “B” Vaccine

Viral Hepatitis is a BBP that can cause progressive liver damage. Hepatitis B is a type of Hepatitis that may lead to end-stage liver disease. A vaccine currently exists that can prevent the disease despite exposure to this virus.

Upon completion of the appropriate training listed in section 6.4 of this policy, and within ten (10) days of assignment or hire, SSC Medical Clinic is responsible for making available the vaccination series for Hepatitis B.

After Jan 1, 2014, employees who completed a Hepatitis B Immunization Series will be tested to verify adequate levels (>10mIU/ml anti-HBs) of protective Hepatitis B antibody; those with inadequate levels will be offered a revaccination series and re-tested after its completion. Post-vaccination testing will be completed no less than 1 month after completion of the vaccination series. (For new vaccinees, make a goal to test antibody status 1-2 months after completion of vaccination series). Immune status will be recorded in the medical record.

Hepatitis vaccination is not a requirement for employment at SSC. The patient may decline the offered Hepatitis vaccination series. If vaccination is declined, re-offer shall be extended annually. At-risk employees who decline the Hepatitis vaccination or verification of adequate levels shall be required to sign the Letter and Declination Form (Attachment 1) annually. A copy of this statement shall be included in their occupational exposure medical record. If the individual declines because he/she believes immunity is already present, a Hepatitis B antibody titer will be offered once to objectively quantify existence or non-existence of protective status; results of the test will be recorded in the medical record.

Any employee at SSC, designated as NOT having a position with occupational exposure who, in the course of rendering first-aid or other circumstance, is exposed to blood or OPIMs in the work environment, shall receive as soon as possible the same evaluation and immunizations as listed above for occupationally exposed employees at no cost. In appropriate cases, every effort will be made to begin the vaccine within 24 hours of exposure.

Immunization and status of immunization shall be kept in the patient’s occupational exposure medical record.

6.10.2 Exposure Incident Reporting, Evaluation, and Follow-Up

In the event of occupational exposure, the exposed employee shall, after notification of supervisory personnel, report immediately to the SSC Health Clinic. If the exposure occurred after regular work hours or on a weekend or a holiday, the employee shall call the emergency ambulance service by dialing 911 from a land line or 228-688-3636 by cell phone for appropriate first-aid and decontamination, and possible referral to a local emergency room.

Stennis Common Work Instruction	SCWI-1800-0003	12
	<i>Number</i>	<i>Rev.</i>
	Effective Date:	July 14, 2020
	Review Date:	July 14, 2025
Page 24 of 44		
Responsible Office: RA02/Center Operations Directorate		
SUBJECT: Bloodborne Pathogens Control Program		

The employee should report to the SSC Health Clinic immediately upon reporting for work on the next regular work day.

Written documentation is required for every exposure incident at SSC. SSC Health Clinic staff shall complete SSC Health Clinic Report of Exposure Incident Form (Attachment 3) in its entirety.

Evaluation and treatment of the exposed employee, as well as the source individual, shall be obtained as per direction in the Exposure Incident Form (Attachment 3). The exposed employee shall be offered blood collection and/or testing for HIV, HBV, and HCV (See Chart 2A of Attachment 4). The employee has the right to refuse any or all testing but shall be counseled against doing so. HIV, HBV, and HCV blood testing of the source individual shall be strongly solicited, but cannot be required. If the exposed employee gives consent for blood collection but not for HIV testing, the blood is kept in the lab freezer at the Clinic for ninety (90) days, during which time the employee can choose to have the sample tested.

Appropriate post-exposure prophylaxis and follow-up evaluation shall be offered to the exposed employee as recommended by current Center for Disease Control (CDC) guidelines (see Attachment 4).

A written statement that the exposed employee has been informed of the results of the evaluation and about any exposure-related condition that may need further evaluation and treatment shall be provided within 15 days of completion of evaluation. A copy of this report shall be included in the employee's occupational exposure medical record.

The SSC Medical Director shall issue to employer a report with suggestions for changes in procedures to eliminate or reduce risk of exposure.

A copy of the exposure report shall be filed in the employee's occupational exposure medical record. Test results shall *not* be disseminated to the supervisor or safety officer, but the supervisor and safety officer will be made aware that the employee has been informed of the evaluation and its results, and has been advised of potential or actual bloodborne diseases to which he/she has likely been exposed.

6.11 Communication of Risk Potential to Employees

SSC trains employees with occupational exposure to reduce or eliminate their risk of an exposure incident.

In order to protect all employees from the risk of an exposure incident, both the presence and risk of exposure to contaminated material must be clearly communicated to employees.

Stennis Common Work Instruction	SCWI-1800-0003	12
	<i>Number</i>	<i>Rev.</i>
	Effective Date:	July 14, 2020
	Review Date:	July 14, 2025
Page 25 of 44		
Responsible Office: RA02/Center Operations Directorate		
SUBJECT: Bloodborne Pathogens Control Program		

6.11.1 Identifying Potentially Hazardous Materials

Warning labels shall be affixed to containers of regulated waste and to refrigerators, freezers, or other containers used to store or transport blood or OPIM. The SSC Clinic uses red color-coding, fluorescent orange, and/or orange-red biohazard labels with lettering and symbols in a contrasting color to mark all hazardous items.

Hazardous containers that are so marked include:

1. Sharps containers with red color-coding and/or biohazard labels.
2. Containers of regulated waste (laundry, used gloves, etc.) marked with red color-coding and/or biohazard labels.
3. Refrigerators or freezers that hold blood or OPIM marked with red color-coding and/or biohazard labels. Refrigerators and freezers used for storage of blood or OPIM shall not be used for storage of food items.
4. Containers used to transport, ship, or store blood, including US Postal Service such as Express Mail packages, UPS, or Federal Express packages that are marked with red color-coding and/or biohazard labels.

6.11.2 Training on Potentially Hazardous Material

Training and awareness education for designated employees of SSC and its subcontractors shall be directed by the Center Medical Director.

All Managers and Supervisors shall ensure BBP education and training, as described in section 6.4, is provided annually to all NASA/SSC and SSC contractor employees with occupational exposure.

Initial training will be provided upon assignment to all employees with occupational exposure within 10 days of assignment and within 15 days of hire and annually thereafter.

BBP training will include a review and explanation of this SCWI's contents and its key requirements and a general discussion of bloodborne diseases and their transmission. A copy of the text of this SCWI (BBPs Control Program) will be available for review and its location on the SSC intranet explained. Also included will be an explanation of engineering and work practice controls and a description of the use, disposal, and decontamination of PPE. The concept of Universal Precautions will be explained. Hepatitis B vaccination, including information on its efficacy, safety, method of administration, and the benefits of being vaccinated will be discussed along with the reporting procedure for exposure incidents and the post-exposure evaluation and follow-up program. The vaccine and vaccination will be offered free of charge. The signs, labels, and color-coding for hazards will be reviewed.

Stennis Common Work Instruction	SCWI-1800-0003	12
	<i>Number</i>	<i>Rev.</i>
	Effective Date:	July 14, 2020
	Review Date:	July 14, 2025
Page 26 of 44		
Responsible Office: RA02/Center Operations Directorate		
SUBJECT: Bloodborne Pathogens Control Program		

7.0 MANAGEMENT OF RECORDS

NASA contractors and SSC Medical Clinic share responsibilities for maintaining employee records pertaining to occupational exposure and exposure incidents. SSC contractors and SSC Medical Clinic also share responsibility in assuring training records for employees with occupational exposure are maintained and that these records are available to the appropriate individuals in a timely fashion. To assure compliance with regulations regarding records maintenance for identified employees, the following procedures shall be in place at SSC:

A. Medical Records

Confidential medical records are managed for a period of thirty (30) years by the SSC Medical Clinic for all employees with occupational exposure or who have suffered an exposure incident. These records include:

1. Employee's name and Social Security number
2. Hepatitis "B" vaccination status (including dates of vaccinations, records relating to employee's ability to receive the vaccine, and signed declination form where applicable)
3. Information collected in the event of an exposure incident
4. A copy of the SSC physician written opinion

Employee exposure medical records will be kept confidential and not disclosed or reported, without the employee's express written consent, to any person within or outside the workplace except as required by 29 CFR 1910.1030 or as may be otherwise required by law.

B. Training Records

BBP training records are kept no less than three (3) years by the employer or, in the case of NASA employees, by the SSC Medical Clinic for all occupationally exposed employees. These records include:

1. Dates of training sessions
2. Material covered
3. Names and qualifications of the trainers
4. Names and job titles of the trainees

Employee training records are to be available upon request to the Assistant Secretary and the Director of OSHA. Employee training records are to be made available to an employee or employee representative by NASA contractors or, in the case of NASA employees, by the SSC Medical Clinic.

Stennis Common Work Instruction	SCWI-1800-0003	12
	<i>Number</i>	<i>Rev.</i>
	Effective Date:	July 14, 2020
	Review Date:	July 14, 2025
Page 27 of 44		
Responsible Office: RA02/Center Operations Directorate		
SUBJECT: Bloodborne Pathogens Control Program		

C. Sharps Injury Reporting Log

The SSC Medical Clinic records all work-related percutaneous injuries from contaminated sharps. The occupational injury/illness documentation becomes a permanent part of the employee's medical record. Safety is notified at the time of injury and thus documents such injuries on the OSHA 300 log, which is maintained by the relevant contractor company. The SSC occupational injury/illness report includes:

1. Date and time incident occurred
2. The type and brand of device involved in the incident, if available
3. The department or work area where the exposure occurred
4. An explanation of how the incident occurred

The employee medical record will be kept for 30 years in the secure clinic system. All needle stick injuries will be entered on the OSHA 300 log with the name "privacy case" as per 29 CFR 1904.8 and 29 CFR 1904.29(b)(6).

D. Hazardous Waste Disposal Records

Records of the handling of all shipments of hazardous medical waste will be maintained at the SSC Health Clinic. Records pertaining to qualification and certification of disposal contractor, along with Certificates of Destruction, in accordance with the current regulations, shall be maintained by the SSC Health Clinic and monitored periodically by Environmental Health. See OH-I-01, *Medical Waste Management*.

E. Transfer of Records

If the SOC Contract terminates, it is understood that the SOC must assure appropriate turnover of Program records to its successor contractor while maintaining confidentiality.

Stennis Common Work Instruction	SCWI-1800-0003	12
	<i>Number</i>	<i>Rev.</i>
	Effective Date:	July 14, 2020
	Review Date:	July 14, 2025
Page 28 of 44		
Responsible Office: RA02/Center Operations Directorate		
SUBJECT: Bloodborne Pathogens Control Program		

8.0 DEFINITIONS

Blood Contaminant Housekeeping Team (BCT): Housekeeping/Janitorial staff specifically trained to clean and disinfect areas contaminated with blood or OPIM. Assignment to this category of work has an inherent risk of occupational exposure to blood or OPIM.

Bloodborne Pathogens (BBPs): Pathogenic microorganisms that are present in human blood and can cause disease in humans. These pathogens include, but are not limited to, Hepatitis B virus (HBV), Hepatitis C virus (HCV), and human immunodeficiency virus (HIV).

Clinical Laboratory: A workplace where diagnostic or other screening procedures are performed on blood or OPIMs.

Contaminated: The presence or the reasonably anticipated presence of blood or OPIMs on an item or surface.

Contaminated Laundry: Laundry that has been soiled with blood or OPIMs or may contain sharps.

Contaminated Sharps: Any contaminated object that can penetrate the skin including, but not limited to, needles, scalpels, broken glass, broken capillary tubes, and exposed ends of dental wires.

Decontamination: The use of physical or chemical means to remove, inactivate, or destroy BBPs on a surface or item to the point they are no longer capable of transmitting infectious particles and the surface or item is rendered safe for handling, use, or disposal.

Engineering Controls: Controls (e.g., sharps disposal containers, self-sheathing needles, and safer medical devices such as sharps with engineered sharps injury protections and needleless systems) that isolate or remove the BBPs hazard from the workplace.

Exposure Incident: A specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or OPIMs that results from the performance of an employee's duties.

Hand Washing Facilities: A facility providing an adequate supply of running potable water, soap, and single-use towels or hot air drying machines.

Licensed Healthcare Professional: A person whose legally permitted scope of practice allows him or her to independently perform the activities required by section 6.10, Management of Employee Exposure Incident.

Needleless Systems: A device that does not use needles for: (1) the collection of bodily fluids or withdrawal of body fluids after initial venous or arterial access is established; (2) the administration of medication or fluids; or (3) any other procedure involving the potential for occupational exposure to BBPs due to percutaneous injuries from contaminated sharps.

Stennis Common Work Instruction	SCWI-1800-0003	12
	<i>Number</i>	<i>Rev.</i>
	Effective Date:	July 14, 2020
	Review Date:	July 14, 2025
Page 29 of 44		
Responsible Office: RA02/Center Operations Directorate		
SUBJECT: Bloodborne Pathogens Control Program		

Occupational Exposure: Reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or OPIMs that may result from the performance of an employee's duties.

Occupational Exposure Medical Record: That portion of the medical record containing particular information about occupational exposure or exposure incident evaluation. Access to it is limited as per section 1910.1030(h)(1), and it is not to be accessed by any individual without written permission of the employee except as required by the section or as may be required by law.

Other Potentially Infectious Materials (OPIM): (1) The following human body fluids: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, any body fluid that is visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids; (2) any unfixed tissue or organ (other than intact skin) from a human (living or dead); and (3) HIV-containing cell or tissue cultures, organ cultures, and HIV- or HBV-containing culture medium or other solutions; and blood, organs, or other tissues from experimental animals infected with HIV or HBV.

Parenteral: Piercing mucous membranes or the skin barrier through such events as needlesticks, human bites, cuts, and abrasions.

Personal Protective Equipment (PPE): Specialized clothing or equipment worn by an employee for protection against a hazard. General work clothes (e.g., uniforms, pants, shirts, or blouses), not intended to function as protection against a hazard, are not considered personal protective equipment.

Regulated Waste: Liquid or semi-liquid blood or OPIMs; contaminated items that would release blood or OPIMs in a liquid or semi-liquid state if compressed; items that are caked with dried blood or OPIMs and are capable of releasing these materials during handling; contaminated sharps; and pathological and microbiological wastes containing blood or OPIMs.

Research Laboratory: A laboratory producing or using research-laboratory-scale amounts of HIV or HBV. Research laboratories may produce high concentrations of HIV or HBV, but not in the volume found in production facilities.

Sharps With Engineered Sharps Injury Protections: A non-needle sharp or a needle device used for withdrawing body fluids, accessing a vein or artery, or administering medications or other fluids, with a built-in safety feature or mechanism that effectively reduces the risk of an exposure incident.

Source Individual: Any individual, living or dead, whose blood or OPIMs may be a source of occupational exposure to the employee. Examples include, but are not limited to, hospital and clinic patients, clients in institutions for the developmentally disabled, trauma victims, clients of drug and alcohol treatment facilities, residents of hospices and nursing homes, human remains, and individuals who donate or sell blood or blood components.

Stennis Common Work Instruction	SCWI-1800-0003	12
	<i>Number</i>	<i>Rev.</i>
	Effective Date:	July 14, 2020
	Review Date:	July 14, 2025
Page 30 of 44		
Responsible Office: RA02/Center Operations Directorate		
SUBJECT: Bloodborne Pathogens Control Program		

Sterilize: The use of a physical or chemical procedure to destroy all microbial life including highly resistant bacterial endospores.

Universal Precautions: An approach to infection control. According to the concept of Universal Precautions, all human blood and certain human body fluids are treated as if known to be infectious for HIV, HBV, HCV, and other BBPs.

Work Practice Controls: Controls that reduce the likelihood of exposure by altering the manner in which a task is performed (e.g., prohibiting recapping of needles by a two-handed technique).

Stennis Common Work Instruction	SCWI-1800-0003	12
	<i>Number</i>	<i>Rev.</i>
	Effective Date:	July 14, 2020
	Review Date:	July 14, 2025
Page 31 of 44		
Responsible Office: RA02/Center Operations Directorate		
SUBJECT: Bloodborne Pathogens Control Program		

9.0 ACRONYMS AND ABBREVIATIONS

AED	Automated External Defibrillator
BBP	Bloodborne Pathogen
BCT	Blood Contaminant Housekeeping Team
CDC	Center for Disease Control
CFR	Code of Federal Regulations
CPR	Cardiopulmonary Resuscitation
DHHS	Department of Health and Human Services
ECP	Exposure Control Plan
EMT	Emergency Medical Technician
HBV	Hepatitis B Virus
HCV	Hepatitis C Virus
HICPAC	Healthcare Infection Control Practices Advisory Committee
HIV	Human Immunodeficiency Virus
MMWR	Morbidity and Mortality Weekly Report
NASA	National Aeronautics and Space Administration
NIHM	NASA Industrial Hygiene Manager
NIOSH	National Institute for Occupational Safety and Health
NOHO	NASA Occupational Health Officer
NPD	NASA Policy Directive
NPR	NASA Procedural Requirement
OPIM	Other Potentially Infectious Material
OSHA	Occupational Safety and Health Administration
PPE	Personal Protective Equipment
RCRA	Resource Conservation and Recovery Act
SCWI	Stennis Common Work Instruction
SOC	Stennis Operating Contract
SPR	Stennis Procedural Requirement
SSC	Stennis Space Center
SSTD	SSC Standard
WI	Work Instruction

Stennis Common Work Instruction	SCWI-1800-0003	12
	<i>Number</i>	<i>Rev.</i>
	Effective Date: July 14, 2020	
	Review Date: July 14, 2025	
Page 32 of 44		
Responsible Office: RA02/Center Operations Directorate		
SUBJECT: Bloodborne Pathogens Control Program		

Attachment 1: SOC Form S3-S-5410-F26, Hepatitis "B" Vaccine Letter and Declination Form

NASA SACOM HEALTH SERVICES HEPATITIS "B" VACCINE LETTER



From: Medical Director

To: _____

Subject: Hepatitis "B" Vaccine

The Hepatitis "B" Vaccine is strongly recommended for all Category I employees. Information has been provided to help you make an informed decision regarding acceptance of this vaccination. The Medical Director and/or his designated representative is available to counsel you personally if you so desire.

Hepatitis B vaccination shall be made available after an employee has received the training required by 29 CFR 1910.1030 and as outlined by section 5.10.1 of SCWI-1800-0003, Bloodborne Pathogens Program, and within 10 working days of initial assignment to all employees who have occupational exposure unless the employee has previously received the complete hepatitis B vaccination series, antibody testing has revealed that the employee is immune, or the vaccine is contraindicated for medical reasons.

Documentation of this offer is required by the Bloodborne Pathogens Control Act (29 CFR 1910.1030) and will be monitored by the Medical Director. Acceptance or declination on this letter. In the event of vaccine declination, the attachment, Hepatitis B Vaccine Declination, must be completed. This information will be maintained in your medical record and will be updated annually.

Employee Name (print): _____

I have been provided with an explanation of Hepatitis B and understand the risks associated with exposure. The Hepatitis B Vaccine has been offered to me and (check appropriate response):

1. _____ I will accept the vaccination, which will be administered in a series of three injections in accordance with the recommended procedure.
2. _____ I do not want the vaccine at this time. If I decide to obtain the vaccination at a later date, I understand it will be provided as soon as it is available.
IF DECLINING; READ ATTACHED SPECIAL INFORMATION SHEET AND SIGN
3. _____ I have had a Hepatitis "B" vaccine or blood test that reveals positive Hepatitis "B" antibodies (circle source below):
 - a. Previous vaccination given: Date: _____ Place: _____
 - b. Hepatitis B Titer:

Date: _____ Place: _____

Results: consistent / inconsistent with immunity (circle one)

Employee Signature/ Job Title _____ Date _____

Employer/ Supervisor _____ Witness _____

COMPLETED DOCUMENT TO BE PERMANENTLY FILED IN MEDICAL RECORD

Stennis Common Work Instruction	SCWI-1800-0003	12
	<i>Number</i>	<i>Rev.</i>
	Effective Date:	July 14, 2020
	Review Date:	July 14, 2025
Page 33 of 44		
Responsible Office: RA02/Center Operations Directorate		
SUBJECT: Bloodborne Pathogens Control Program		

**NASA SACOM HEALTH SERVICES
HEPATITIS "B" VACCINE LETTER**



Hepatitis B Vaccination Declination Form

I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring Hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with Hepatitis B vaccine, at no charge to myself. However, I decline Hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring Hepatitis B, a serious disease. If in the future I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with Hepatitis B vaccine, I can receive the vaccination series at no charge to me.

Signature: _____

Date: _____

Witness: _____

Date: _____

SAMPLE

Stennis Common Work Instruction	SCWI-1800-0003	12
	<i>Number</i>	<i>Rev.</i>
	Effective Date: July 14, 2020	
	Review Date: July 14, 2025	
Page 34 of 44		
Responsible Office: RA02/Center Operations Directorate		
SUBJECT: Bloodborne Pathogens Control Program		

Attachment 2: Personal Protective Equipment for Worker Protection Against HIV and HBV Transmission¹ In Pre-Hospital² Settings

Guidelines for Prevention of Transmission of HIV and HBV to Health Care and Public Safety Workers

Adapted from DHHS (NIOSH) Centers for Disease Control, 1987, DHHS Publications No. 89-107, Table 4, Page 28

TASK OR ACTIVITY	Disposable Gloves	Gown	Mask ³	Protective Eyewear	HBV Vaccine
Bleeding control with spurting blood	Yes	Yes	Yes	Yes	
Bleeding control with minimal bleeding	Yes	No	No	No	
Emergency childbirth	Yes	Yes	Yes, if splashing is likely	Yes	
Blood drawing	Yes ⁴	No	No	No	
Starting an IV line	Yes	No	No	No	
Endotracheal intubation esophageal obturator use	Yes	No	No, unless splashing is likely	Yes	
Oral/nasal suction, manually cleaning airway	Yes ⁵	No	No, unless splashing is likely	Yes	
Handling and cleaning instruments with microbial contamination	Yes	No, unless soiling is likely	No	No	
Security Patrols/EMT/Firemen ⁶	Yes	No	No	No	*Recommended
Measuring blood pressure	No	No	No	No	
Measuring temperature	No	No	No	No	
Giving an injection	No	No	No	No	

¹ The examples provided in this table are based on application of Universal Precautions. Universal Precautions are intended to supplement rather than replace recommendations for routine infection control, such as hand washing and using gloves to prevent gross microbial contamination of hands (e.g., contact with urine or feces).

² Defined as setting where delivery of emergency health care takes place away from a hospital or other health care facility.

³ Refers to protective masks to prevent exposure of mucous membranes to blood or other potentially contaminated body fluids. The use of resuscitation devices, some of which are also referred to as masks.

⁴ When the employee has cuts, scratches, or other breaks in his or her skin, or when the employee judges that hand contamination with blood may occur, for example, when performing phlebotomy on an uncooperative source individual.

⁵ While not clearly necessary to prevent HIV or HBV transmission unless blood is present, gloves are recommended to prevent transmission of other agents (e.g., herpes simplex).

⁶ EMTs, Firemen and Security Patrols should use PPE if available, and if not, should change any contaminated clothing and wash contaminated body parts with disinfectant such as a 1:100 dilution of household bleach or povidone iodine solution as soon as practical. Such personnel should also report the potential exposure to the SSC Health Clinic Medical Director and complete the SSC Form 559, *Report of Occupational Injury/Illness*, for counseling and follow-up.

Stennis Common Work Instruction	SCWI-1800-0003	12
	<i>Number</i>	<i>Rev.</i>
	Effective Date: July 14, 2020	
	Review Date: July 14, 2025	
Page 35 of 44		
Responsible Office: RA02/Center Operations Directorate		
SUBJECT: Bloodborne Pathogens Control Program		

Attachment 3: SOC Form S3-S-5410-F21, Exposure Incident Report

EXPOSURE INCIDENT REPORT



Please Print

Employee's Name _____ Date _____

Date of Birth _____ UUPIC#: _____

Telephone (Business) _____ (Home) _____

Job Title _____

Date of Exposure _____ Time of Exposure _____ AM _____ PM _____

Hepatitis "B" Vaccination Status _____

Location of Incident _____

Describe what job duties you were performing when the exposure incident occurred:

What body fluid(s) were you exposed to? _____

What was the route of exposure (e.g., mucosal contact, contact with non-intact skin, percutaneous)?

Describe any Personal Protective Equipment (PPE) in use at time of exposure incident:

Did PPE fail? _____ If yes, how? _____

Identification of Source Individual(s) (Names): _____

Other Pertinent Information: _____

Description of Incident:

a. Date: _____

b. Time: _____

c. Location: _____

Source Individual:

a. Name: _____

b. DOB: _____

c. UUPIC#: _____

d. Employer: _____

e. Test Results:

Date: _____ HBV: _____ HIV: _____

Date: _____ HBV: _____ HIV: _____

Date: _____ HBV: _____ HIV: _____

Stennis Common Work Instruction	SCWI-1800-0003	12
	<i>Number</i>	<i>Rev.</i>
	Effective Date: July 14, 2020	
	Review Date: July 14, 2025	
Page 36 of 44		
Responsible Office: RA02/Center Operations Directorate		
SUBJECT: Bloodborne Pathogens Control Program		

EXPOSURE INCIDENT REPORT



f. Individual Informed of Test Results:	
Source Person	Date: _____
Exposed Employee	Date: _____
Exposed Employee:	
a. Testing Offered	Date: _____
b. Testing Accepted	Date: _____
c. Test Results:	
Date: _____	HBV: _____ HIV: _____
Date: _____	HBV: _____ HIV: _____
Date: _____	HBV: _____ HIV: _____
d. Employee Informed of Results	Date: _____
e. Exam Date:	_____
f. Findings: _____	
g. Post-Exposure Prophylaxis Offered Date: _____	
HBV: _____	
h. Counseling — Referral:	
HBV: _____	
HIV: _____	

<p align="center">*PRIVACY ACT STATEMENT</p> <p>In accordance with the Public Law 93-579 (Privacy Act of 1974), disclosure of your Social Security Number (SSN) is voluntary, however, failure to provide SSN could hamper retrieval of records and proper treatment. The purpose of requesting the SSN is to ensure proper identification of individuals seeking medical treatment and to prevent duplicate or erroneous records.</p>	
Evaluation, Conclusion(s) and Follow-Up:	
<div style="border: 1px solid black; height: 150px; width: 100%;"></div>	
Exposure Incident Evaluator	Date

Stennis Common Work Instruction	SCWI-1800-0003	12
	<i>Number</i>	<i>Rev.</i>
	Effective Date:	July 14, 2020
	Review Date:	July 14, 2025
Page 37 of 44		
Responsible Office: RA02/Center Operations Directorate		
SUBJECT: Bloodborne Pathogens Control Program		

Attachment 4: CDC Recommendations: Post Exposure Evaluation HBV, HCV & HIV; Prophylaxis and Resources

Attachment 4
Page 1

Needlestick/Bodyfluid Exposure Flowcharts

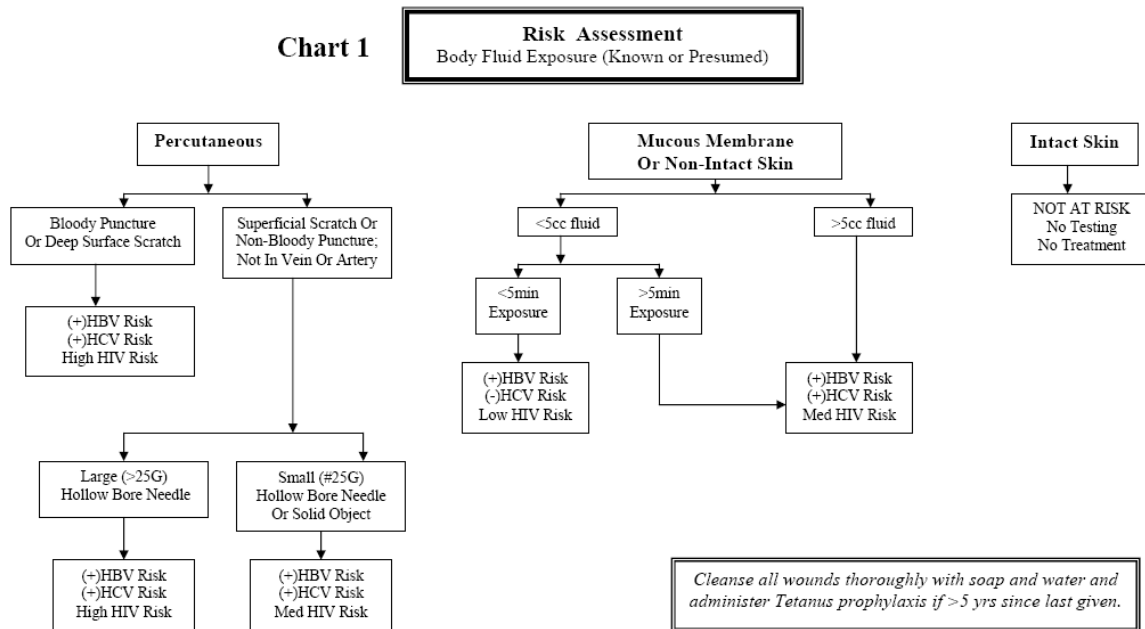
Chart 1 – Risk Assessment
Chart 2a – Exposed Testing
Chart 2b – Source Testing
Chart 3a – Hepatitis PEP
Chart 3b – HIV PEP

1. Cleanse wounds and provide tetanus prophylaxis as indicated. Flush affected mucous membranes.
2. Determine if body fluid involved poses a potential risk, i.e. blood, CSF, synovial, pleural, peritoneal, pericardial, or amniotic fluid, any fluid containing visible blood, semen and vaginal secretions, human bite, both biter and bitten. *All other body fluids (e.g. non-bloody urine, tears, emesis, etc.) are not at risk.*
3. Determine risk level for HBV, HCV, and HIV from *Chart 1*.
4. Test exposed and source for HBV, HCV, and HIV as indicated by *Charts 2a and 2b*
5. Provide HBV and HIV PEP as indicated by *Charts 3a and 3b*.
6. Arrange follow-up with SSC Clinic, Infectious Disease Specialist, Company MD, or patient's primary provider as appropriate.

Stennis Common Work Instruction	SCWI-1800-0003	12
	<i>Number</i>	<i>Rev.</i>
	Effective Date: July 14, 2020	
	Review Date: July 14, 2025	
Page 38 of 44		
Responsible Office: RA02/Center Operations Directorate		
SUBJECT: Bloodborne Pathogens Control Program		

Attachment 4
Page 2

Chart 1



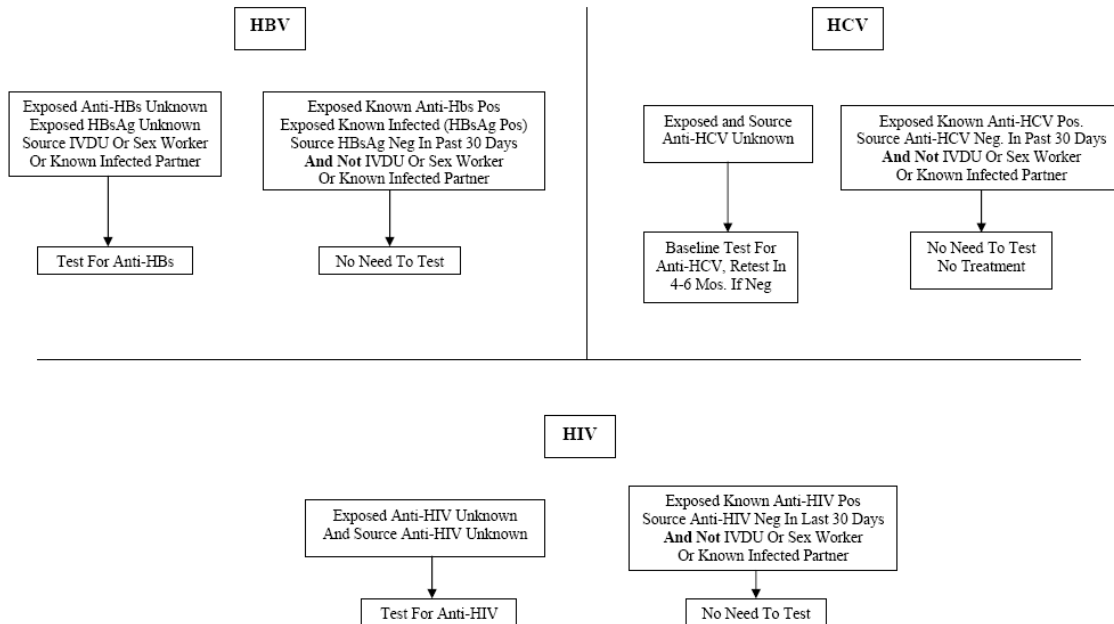
At risk fluids: Blood, CSF, synovial, pleural, peritoneal, pericardial, or amniotic fluid, any fluid containing visible blood, semen and vaginal secretions, human bite, both biter and bitten. All other body fluids (e.g. non-bloody urine, tears, emesis, etc.) are not at risk.

Stennis Common Work Instruction	SCWI-1800-0003	12
	<i>Number</i>	<i>Rev.</i>
	Effective Date:	July 14, 2020
	Review Date:	July 14, 2025
Page 39 of 44		
Responsible Office: RA02/Center Operations Directorate		
SUBJECT: Bloodborne Pathogens Control Program		

Attachment 4
Page 3

Chart 2a

Exposed Testing

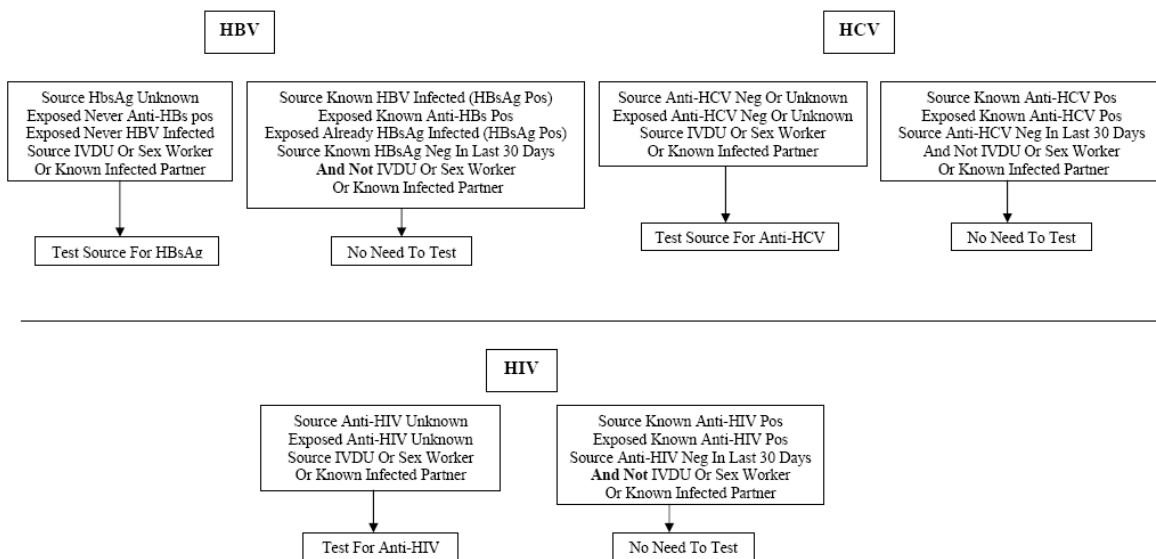


Stennis Common Work Instruction	SCWI-1800-0003	12
	<i>Number</i>	<i>Rev.</i>
	Effective Date:	July 14, 2020
	Review Date:	July 14, 2025
Page 40 of 44		
Responsible Office: RA02/Center Operations Directorate		
SUBJECT: Bloodborne Pathogens Control Program		

Attachment 4
Page 4

Chart 2b

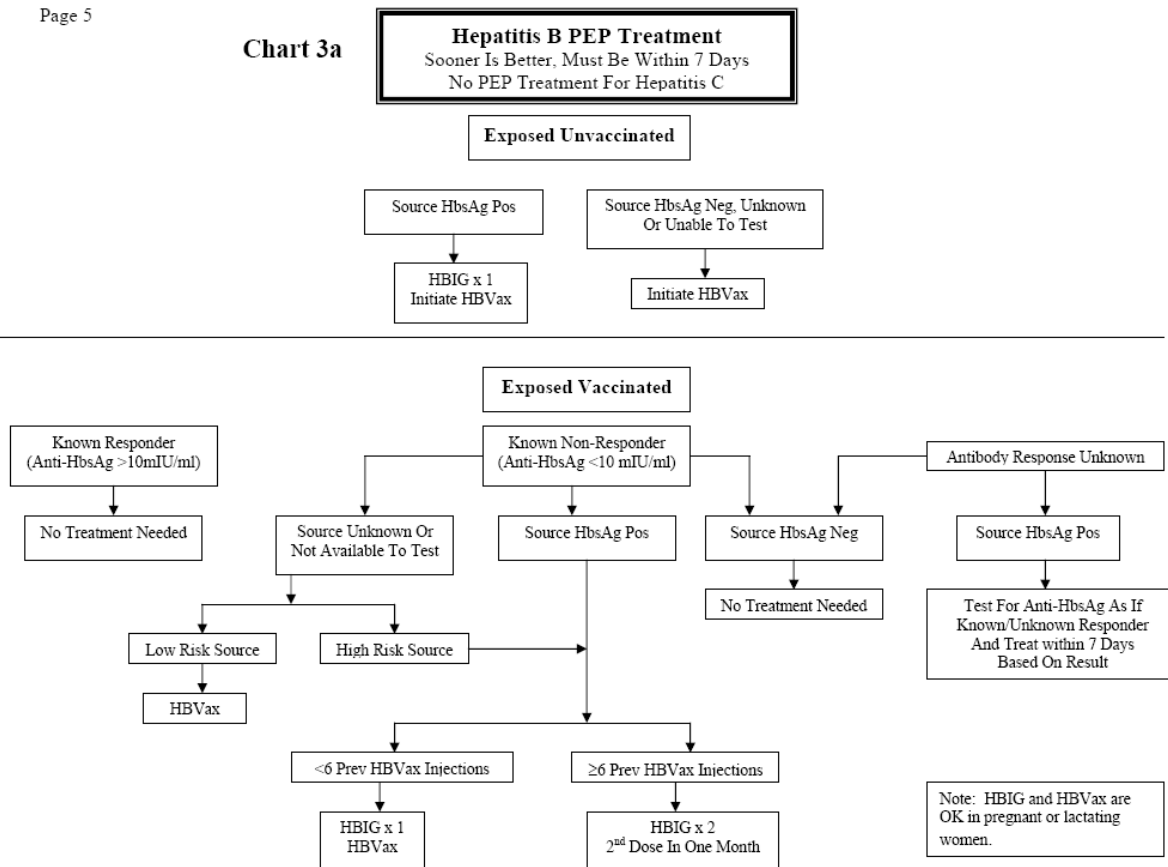
Source Testing
(If Exposure Risk)



Stennis Common Work Instruction	SCWI-1800-0003	12
	<i>Number</i>	<i>Rev.</i>
	Effective Date:	July 14, 2020
	Review Date:	July 14, 2025
Page 41 of 44		
Responsible Office: RA02/Center Operations Directorate		
SUBJECT: Bloodborne Pathogens Control Program		

Attachment 4
Page 5

Chart 3a

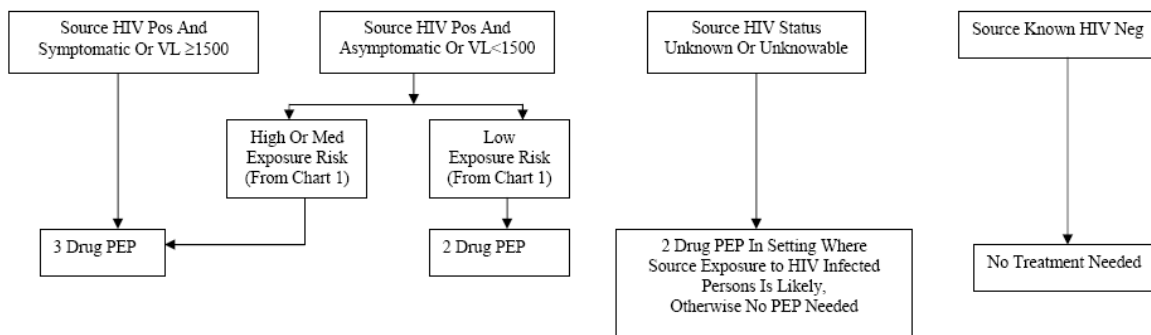


Stennis Common Work Instruction	SCWI-1800-0003	12
	<i>Number</i>	<i>Rev.</i>
	Effective Date:	July 14, 2020
	Review Date:	July 14, 2025
Page 42 of 44		
Responsible Office: RA02/Center Operations Directorate		
SUBJECT: Bloodborne Pathogens Control Program		

Attachment 4
Page 6

Chart 3b

HIV PEP Treatment
Give As Soon As Possible



Administer PEP as soon as possible, although no cutoff for non-administration is defined, >24-36h post-exposure becomes more risky. Questions should be directed to the National Clinicians' Postexposure Prophylaxis Hotline at UCSF: (888)448-4911. See also: CDC MMWR, June 29, 2001 / 50(RR11);47-52

Note that for every 9 hours of needle's exposure to air, HIV infectivity decreases by 1 log (90%). Also, no documented case of HIV from needle outside of high risk setting (shooting gallery, hospital)

D/C PEP if source determined to be HIV neg. Need to minimize exposure to side effects.

Important to complete entire 4 week course of drugs

2 Drug PEP: Zidovudine (Retrovir, ZDV, AZT) 300mg BID x 4 weeks
Lamivudine (EpiVir, 3TC) 150mg BID x 4 weeks
Note: Combination Drug Lamivudine Plus Zidovudine available as Combivir 150/300 BID
Drugs OK in pregnancy

3 Drug PEP: 2 Drug PEP Plus Indavir (Crixivan, IDV) 800mg q8h x 4 weeks
Consult CDC before giving Indavir if pt in 3rd trimester pregnancy
Nephrolithiasis risk with Indavir – must drink at least 8 glasses fluid/day

Stennis Common Work Instruction	SCWI-1800-0003	12
	<i>Number</i>	<i>Rev.</i>
	Effective Date:	July 14, 2020
	Review Date:	July 14, 2025
Page 43 of 44		
Responsible Office: RA02/Center Operations Directorate		
SUBJECT: Bloodborne Pathogens Control Program		

TABLE 2. HIV post-exposure prophylaxis resources and registries

Resource or registry	Contact Information
National Clinicians' Post-exposure Hotline Responses made 0900-0200 EST daily	Telephone: Warmline (800) 933-3413 PELine (888) 448-4911 Perinatal HIV Hotline (888) 448-8765 Write: UCSF Box 1365 San Francisco, CA 94143-1365
Antiretroviral Pregnancy Registry	Telephone: (800) 258-4263 Fax: (800) 800-1052 Write: Research Park 1011 Ashes Drive Wilmington, NC 28405
Food and Drug Administration (for reporting unusual or severe toxicity to anti-retroviral agents)	Telephone: (800) 322-1088
CDC (for reporting HIV seroconversions in health-care workers who received PEP)	Telephone: (800) 232-4636

Stennis Common Work Instruction	SCWI-1800-0003	12
	<i>Number</i>	<i>Rev.</i>
	Effective Date:	July 14, 2020
	Review Date:	July 14, 2025
Page 44 of 44		
Responsible Office: RA02/Center Operations Directorate		
SUBJECT: Bloodborne Pathogens Control Program		

Attachment 5: Work Instruction for BCT

This job classification is considered as having an occupational exposure risk level due to required job tasks that involve inherent risk of occupational exposure to blood or OPIM. BCT procedures that expose personnel include clean-up of blood and OPIM on site. The BCT is not primarily responsible for cleaning up blood and OPIM inside the SSC Medical Clinic.

- a. Equipment
 - Disposable gloves - hypo-allergenic if required
 - Disinfectant solution at approved concentration
- b. Procedures
 - Remove potentially infectious material using accepted janitorial practices while wearing appropriate PPE
 - Clean site using approved disinfectant solutions at approved concentrations
 - Decontaminate work surfaces and equipment in areas not covered by Health Clinic, Ambulance/EMT/Fire Department, and Security personnel
- c. Training

Annual BBP awareness education and training includes:

 - A copy of the text of BBPs Exposure Control Standard and explanation of its contents and key requirements
 - A copy of the 29 CFR 1910.1030 policy
 - SOC BBP proctored course
 - A general discussion of bloodborne diseases and their transmission
 - Review of the Work Instruction for control of exposure risk
 - Explanation of engineering and work practice controls and use, disposal, and decontamination of PPE
 - The concept and application of Universal Precautions
 - Information on the Hepatitis B vaccination, including information on its efficacy, safety, method of administration, the benefits of being vaccinated, and that the vaccine and vaccination will be offered free of charge
 - Review of the reporting procedure for exposure incidents, the post-exposure evaluation, and follow-up program
 - Review of signs, labels, and color-coding for hazards
- d. Hepatitis B Vaccine

Offered if not previously immunized. Serologic testing may be offered in appropriate cases.